

**New Hampshire Bureau of Behavioral Health**  
**Interim Child Eligibility Determination Form**  
**April 1, 2011 – June 30, 2012**  
CMHC \_\_\_\_\_

**Criterion I: Diagnosis:** He-M 401.02 (u) “Serious emotional disturbance” means severe mental disability in persons under the age of 18, and includes psychiatric disorders classified as axis I disorders or an axis II borderline personality disorder in the DSM-IV-TR with the exception of substance abuse disorders and V codes, which are conditions not attributable to a mental disorder. Please list the diagnoses and codes below:

**DSM-IV-TR Diagnosis and Code:** \_\_\_\_\_

**Criterion II: Functional Impairment Due to Serious Emotional Disturbance:** The definition below shall be used during the period of April 1, 2011 – June 30, 2012. Functional Impairment Due to Serious Emotional Disturbance shall mean moderate needs (a score of 2) in at least three areas **or** severe needs (a score of 3) in at least one area **or** at least moderate needs (a score of 2) in Home Environment. Please indicate level of need and provide narrative describing current (within past six months) impairment in these areas:

**0** – No evidence of any current needs, or any history of impairment in this area.

**2** – Experiencing functional impairments requiring interventions.

**1** – Requires ongoing monitoring but not a need for current interventions; the child may also have a past history of impairments (not current) in this area.

**3** – Requires immediate interventions due to the severity of symptoms or impairments.

<b>SCHOOL FUNCTIONING</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>

<b>HOME FUNCTIONING</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>

<b>COMMUNITY FUNCTIONING</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>

<b>INTERPERSONAL DIFFICULTIES</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>

EMOTIONAL REGULATION	0	1	2	3

THOUGHT CONTENT	0	1	2	3

SUBSTANCE USE	0	1	2	3

HOME ENVIRONMENT	0	1	2	3

**Serious Psychosocial Dysfunction: Y / N**

**Criterion III: Interagency Involvement:** This criterion is required to determine category of eligibility.

**Interagency Involvement (circle one): Y: SED Interagency      N: SED**

**Staff Signatures:** He-M 401.04 (b) An eligibility determination shall be conducted by a: psychiatrist; psychologist; pastoral psychotherapist; clinical social worker; MSRN; ARNP; RN-C; clinical mental health counselor; marriage and family therapist; or a case manager or Masters level clinician with a co signature from one of the approved staff above.

\_\_\_\_\_  
Staff Name; Title and Credentials      Date

\_\_\_\_\_  
Staff Name; Title and Credentials      Date  
Co signature (if required)